



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

Promote personal responsibility –

- The bill creates an enhanced opportunity for individuals from minority communities to take more responsibility for their wellness and prevent HIV/AIDS or to better manage the disease if they have HIV or AIDS.

Limited Government –

- The bill increases the presence and role of government in minority communities in an attempt to address the disproportionate impact of the incidence of HIV/AIDS in these communities.

#### B. EFFECT OF PROPOSED CHANGES:

This bill is an attempt to address the disproportionate impact of the incidence of HIV/AIDS in minority communities by expanding the prevention campaign to include information specifically targeted to Florida's Hispanic and Haitian communities. The bill requires DOH to expand its operational presence in minority communities and to provide outreach, counseling, testing and referral to services in these communities. In addition, expand its testing program for HIV, hepatitis, and other sexually transmitted diseases in local county jails to ensure linkage with services.

### BACKGROUND

#### HIV/AIDS

AIDS is the acronym for acquired immune deficiency syndrome. It is a fatal disease caused by a virus, a tiny organism similar to the organisms that cause colds and flu. The virus that causes AIDS is the human immunodeficiency virus, or HIV. HIV infection causes people to get AIDS by damaging their immune systems. The immune system is what defends the body against the many different organisms that can enter the body and cause sickness. Without the ability to resist disease, people with AIDS fall ill easily, get sick often, and have great difficulty recovering. People do not die from HIV infection directly. Rather, they die from the "opportunistic" infections and diseases they get because their immune system is not working properly.

The HIV virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. In addition, an infected pregnant woman can pass HIV to her baby during pregnancy or delivery, as well as through breast-feeding.

#### HIV/AIDS in the Minority Community

Racial and ethnic minority populations in the United States, primarily African Americans and Hispanics, constitute 61 percent of the more than 830,000 cases of AIDS reported to the U.S. Centers for Disease Control and Prevention (CDC) since the epidemic began in 1981<sup>1</sup>. African Americans make up 41 percent of all AIDS cases reported in the United States, yet according to the U.S. Census Bureau, they comprise only 12 percent of the U.S. population. Hispanics represent 19 percent of all AIDS cases and are approximately 13 percent of the U.S. population. Injection drug use is a major factor in the spread of HIV in minority communities. Other factors contributing to the spread of HIV/AIDS in these communities include men who have sex with men and increasingly, heterosexual transmission.

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<sup>1</sup> The National Institute of Allergy and Infectious Diseases is a program of the National Institutes of Health (NIH). December 2003

## Florida HIV and AIDS Facts<sup>2</sup>

### Human Immunodeficiency Virus

- Cumulatively through 2003, 32,113 HIV cases have been reported, which includes 304 pediatric HIV cases. (Reporting of HIV was implemented July 1, 1997).
- In 2003, 6,654 HIV cases were reported in Florida.
- Of the cumulative number of HIV cases, 55% are among blacks, 28% are among whites, and 17% are among Hispanics.
- Males account for 64% of cumulative reported HIV cases, and females account for 36%.
- In 2003, there were 301,461 HIV tests performed by county public health departments, with 2.2% of the tests being positive.
- Approximately 100,000 persons, or roughly 11% of the national total, are currently living with HIV infection in Florida.

### Acquired Immune Deficiency Syndrome (AIDS)

- Cumulatively through 2003, 95,141 AIDS cases have been reported in Florida.
- Florida ranks third in the nation in the number of AIDS cases.
- In 2003, 4,851 AIDS cases were reported in Florida.
- Of the cumulative number of AIDS cases, 47% are among blacks, 37% are among whites, and 16% are among Hispanics.
- Cumulatively through 2003, 1,476 pediatric AIDS cases have been reported in Florida.
- Florida ranks second in the nation in the number of pediatric AIDS cases.
- Males account for 76% of cumulative reported AIDS cases, and females account for 24%.

## Florida Law

In 1999, the Legislature passed s. 381.0046, F.S., to address HIV/AIDS in Florida's minority communities. Under s. 381.0046, F.S., DOH was required to develop and implement a statewide HIV and AIDS prevention media campaign directed towards minorities. Four regional minority coordinator positions and one statewide coordinator position were established in the department to facilitate statewide efforts to implement and coordinate HIV and AIDS prevention and treatment programs targeting the state's minority communities. Today, there are seven regional minority HIV/AIDS coordinators to carry out these tasks; four positions are funded by the General Revenue Fund and three positions are funded by federal grants.

The current regional minority HIV/AIDS coordinators serve regions consisting of multiple counties. There is a media campaign that includes television and radio ads that rotate to various regions of the state throughout the year. The goal is to have the campaigns last longer in emerging areas and blanket the entire state, including rural areas and provide more focus on Hispanic and Haitian communities.

Section 381.0046, F.S., also created the Minority HIV and AIDS Task Force to provide recommendations to the Governor, the Legislature, and DOH on strategies to strengthen HIV/AIDS prevention, early intervention, and treatment efforts in Florida's minority communities. The Department of Health was directed to plan and conduct a statewide Black Leadership Conference with assistance from the task force, which was held in January, 2000.

## Florida Jails<sup>3</sup>

The DOH Early Intervention Section of the Bureau of HIV/AIDS has supported, through funding and technical assistance, HIV testing and linkages programs in Florida jails. The jails are not specifically required to test for HIV or other infectious diseases (they are required to routinely test for TB) and many do not test their inmates, for a variety of reasons.

Testing in all Florida jails is voluntary; some jails, especially ones with limited health care budgets, are reluctant to test for HIV in particular because of the anticipated cost of care. Others may be unaware of

<sup>2</sup> CDC HIV/AIDS Surveillance Report, Vol. 14 and the Florida Department of Health, Bureau of HIV/AIDS. Data as of 12/31/03.

<sup>3</sup> Source State of Florida, 2004-2006 HIV/AIDS Prevention Plan, Florida Department of Health

counseling and testing resources at their local county health departments. The Jail Release Linkage Project (JRLP) in Broward County was the first jail program funded in Florida to link HIV-infected inmates to services after their release. The JRLP has provided intake and referral services to inmates since its inception in 1998, 80 percent of the inmates served are minorities. The unique partnering of the Broward Sheriff's Office and the Broward County Health Department (BCHD) provides the foundation for this Project. The main facility of the Broward Sheriff's Office processes over 100,000 incarcerated individuals per year. Of the population testing for HIV, the percentage of inmates testing HIV-positive can range from 4.5% to 12.2%, depending on the reporting facility.

Shortly after this program began, Florida was funded through a corrections demonstration project grant by CDC/HRSA to provide jail and prison linkage services. Part of this grant funds the Jacksonville Jail LINC (Linking Inmates Needing Care) program. The Jacksonville Jail books about 54,000 people each year, many of these repeat offenders. The jail linkage program was implemented in April 2000, and has provided case management and linkage services to more than 300 people, both while incarcerated and after release. As of July 2002, they have also screened over 6,300 people for HIV, 3,910 for Chlamydia /Gonorrhea, and 5,877 for Syphilis.

Since the inception of these two projects, six more jail linkage projects have been funded through the following county health departments: Lee, St. Johns, St. Lucie, Indian River, Pasco, and Pinellas. There are also linkage projects that have been implemented but not funded by DOH, such as the one in Volusia County which is managed by Outreach, Inc., a local community-based organization.

#### C. SECTION DIRECTORY:

Section 1. Amends s. 381.0046, F.S., relating to Statewide HIV and AIDS prevention campaign.

Subsection (1) is amended to expand the statewide HIV and AIDS prevention and media campaign to be specifically targeted to Florida's Hispanic and Haitian communities.

Subsection (2) increases the number of state-funded regional minority HIV and AIDS coordinator positions from four to eight.

Subsection (3) deletes outdated language requires the department to provide HIV/AIDS outreach programs in Florida's minority communities to identify persons infected with HIV/AIDS.

Subsection (4) requires the department to provide a culturally sensitive program to ensure that HIV-positive persons in high-risk communities are linked to services.

Subsection (5) expands testing programs and services for HIV, STDs and hepatitis in local county jails.

Subsection (6) expands the department's HIV counseling, testing and referral services to promote HIV testing of minority persons who are at risk of infection.

Subsection (7) requires these minority programs to be consistent with the findings and recommendations of the Minority HIV and AIDS Task Force, the Florida HIV/AIDS Comprehensive Prevention Plan, and the Centers for Disease Control and Prevention's recommendations.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

None

#### 2. Expenditures: According to DOH, the impact of this bill on DOH is as follows:

<u>Estimated Expenditures</u>	<u>1st Year</u>	<u>2nd Year (Annualized Recurring.)</u>
<b>Salaries</b>		
4 PG 21 base+10% (\$36,618.18 x 4) (year 2 salary projection includes a 2% pay increase)	\$146,473	\$149,402
<b>FRINGE 30% Expense</b>		
	\$43,942	\$44,821
4 PG 21 Non-recurring/start-up expenses (\$3,230 x 4)	\$12,920	\$0
4 PG 21 Recurring expenses (includes HR services) (\$6,902 x 4)	\$27,608	\$27,608
TRAVEL ( <i>High</i> ) - 4 PG 21 travel to counties in their region (\$9,354 x 4)	\$37,416	\$37,416
<b>CONTRACTED SERVICES:</b>		
Media Campaign	\$500,000	\$500,000
Prevention for Positives	\$550,000	\$550,000
Prevention Outreach	\$570,000	\$600,000
Jails	\$2,000,000	\$2,000,000
Linkage Projects	\$600,000	\$600,000
Expanded counseling and testing	\$550,000	\$550,000
<b>Operating Capital Outlay</b>		
Computers for 4 Regional Coordinators (\$1,800 x 4)	\$7,200	\$0
<b>Total Estimated Expenditures</b>	<b>\$ 5,045,559</b>	<b>\$ 5,059,247</b>

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None

2. Expenditures:

None anticipated

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None

**D. FISCAL COMMENTS:**

None

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

2. Other:

B. RULE-MAKING AUTHORITY:

None`

C. DRAFTING ISSUES OR OTHER COMMENTS:

None

#### **IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES**